

LUST

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PRE-CERCLIS SCREENING ASSESSMENT CHECKLIST/DECISION FORM

This checklist can assist the site investigator during the Pre-CERCLIS screening. It will be used to determine whether further steps in the site investigation process are required under CERCLA. Use additional sheets, if necessary.

Checklist Preparer:

Gina Keenan

8-31-04

(Name/Title)

2300 N. Martin Luther King Dr

(Date)

414-263-8589

(Address)

Gina.Keenan@dnr.state.wi.us

(Phone)

(E-Mail Address)

Site Name:

CRC - Wasco

Previous Names (if any):

Allied Smelting Corporation

Site Location:

5110-5116 WEST Lincoln Avenue

(Street)

West Allis

WI 53219

(City)

Latitude:

43° 0' - 17° 5" N

Longitude:

87° - 58' 43" W

Complete the following checklist. If "yes" is marked, please explain below.

	YES	NO
1. Does the site already appear in CERCLIS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is the release from products that are part of the structure of, and result in exposure within, residential buildings or businesses or community structures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the site consist of a release of a naturally occurring substance in its unaltered form, or altered solely through naturally occurring processes or phenomena, from a location where it is naturally found?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Is the release into a public or private drinking water supply due to deterioration of the system through ordinary use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Is some other program actively involved with the site (i.e., another Federal, State, or Tribal program)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are the hazardous substances potentially released at the site regulated under a statutory exclusion (i.e., petroleum, natural gas, natural gas liquids, synthetic gas usable for fuel, normal application of fertilizer, release located in a workplace, naturally occurring, or regulated by the NRC, UMTRCA, or OSHA)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are the hazardous substances potentially released at the site excluded by policy considerations (e.g., deferral to RCRA Corrective Action)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is there sufficient documentation that clearly demonstrates that there is no potential for a release that could cause adverse environmental or human health impacts (e.g., comprehensive remedial investigation equivalent data showing no release above ARARs, completed removal action, documentation showing that no hazardous substance releases have occurred, EPA approved risk assessment completed)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please explain all "yes" answer(s), attach additional sheets if necessary:

~~This site is being managed by the waste program~~

⑤ This site is being managed by the waste program



Site Determination:

☐ Enter the site into CERCLIS. Further assessment is recommended (explain below).

☒ The site is not recommended for placement into CERCLIS (explain below).

DECISION/DISCUSSION/RATIONALE:

In recognition of the October 1995 Brownfields Memorandum of Agreement between WDNR and EPA, this property is being addressed as a state-lead site.

Regional EPA Reviewer:

Print Name/Signature

Date

State Agency/Tribe:

Print Name/Signature

Date

Instructions: Information sources that can be used to fill out this worksheet include: BRRTS, SHWIMS, R&R files, WA files, regional geologic information resources, Waste Staff, County Solid Waste staff (if there is one for the county) and the EPA web site for CERCLIS. Other possible resources may include: city/town files, county files, aerial photos, readily available Sanborn Insurance maps and interviews with former employees or neighbors.

All comments should be referenced by section number in the Comments section, page 5.

I. Site Name

Site Name	County	Region
CRC-Wasco	Milwaukee	SE
Location	Is the site known by another name(s)?	
5116-5110 West Lincoln Avenue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of West Allis	State	If yes, Name
	WI	Allied Smelting Corporation

II. Legal Description of Site

Attach a map with site location and limits of fill/waste disposal area.

A. Has site been geolocated?

☐ Yes ☒ No

B. Locational Information: Other Sources

Latitude*

43° 0' 11.5" N

Longitude*

87° 58' 43" W

Date	1/4 / 1/4	1/4	Section	Township	Range	E / W
	SW	SE	02	06 N	21	E

*Latitude and Longitude information is required on EPA screening checklist.

III. Site Background Information

Responsible Municipal/Private Operator Name.			DNR FID No. (9 digits)		
Mr. Robert Zidar			241321080		
Street or Route		Telephone Number	Solid Waste License ID No. (4 digits)		
2121 South 55th Street		414-649-2000	<input type="checkbox"/> TEMP		
City	State	ZIP Code	Hazardous Waste Facility License ID No. (5 digits)		
West Allis	WI	53219			
Present Property Owner Name			USEPA ID No. (used for both RCRA and CERCLIS #s) (WI+Alpha+9 digit)		
same as above			WID982204620		
Street or Route		Telephone Number	BRRTS ID No. (2 digit program-2 digit county-6 digit site specific)		
			02-41-118648		
City	State	ZIP Code	BRRTS Activity Name		
			<input checked="" type="checkbox"/> LUST <input type="checkbox"/> SPILL <input type="checkbox"/> Superfund		
Previous Property Owner Name			<input type="checkbox"/> ERP <input type="checkbox"/> VPLE		
Street or Route		Telephone Number	SHWIMS Site ID No.		
City	State	ZIP Code	Other		

V. Type of Site: Current and Historic (check all that apply)

A. <input type="checkbox"/> Landfill	<input type="checkbox"/> Non-approved [see s.289.01(3) Wis. Stats]	<input type="checkbox"/> 50,000-500,000 cubic yards
<input type="checkbox"/> Approved	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> 500,000-1 million cubic yards
<input type="checkbox"/> Licensed	<input type="checkbox"/> Unlined	<input type="checkbox"/> 1-2 million cubic yards
<input type="checkbox"/> Lined	<input type="checkbox"/> Unengineered	<input type="checkbox"/> 2-5 million cubic yards
<input type="checkbox"/> Composite liner	<input type="checkbox"/> Construction/Demolition	<input type="checkbox"/> 5-10 million cubic yards
<input type="checkbox"/> Clay liner	<input type="checkbox"/> One-time disposal	<input type="checkbox"/> 10-20 million cubic yards
<input type="checkbox"/> Other liner (silt or other)	<input type="checkbox"/> < 50,000 cubic yards	

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V. Type of Site: Current and Historic (check all that apply), continued

Does the landfill have a closure plan? ☐ Yes ☐ No ☐ Unknown Date of Plan: _____Does the landfill have a groundwater monitoring plan? ☐ Yes ☐ No ☐ Unknown Date of Plan: _____Have groundwater monitoring wells been installed? ☐ Yes ☐ No ☐ UnknownWas a cover installed? ☐ Yes ☐ No☐ Composite cap☐ Layered soil cap with clay barrier☐ Clay cap☐ Soil cap - not recompacted clay☐ Other cover☐ Unknown

What is the thickness of the cover?

☐ <6 in ☐ 6-12 in ☐ 12-24 in ☐ >24 in ☐ UnknownB. ☐ Agricultural co-op☐ Brush pile☐ Bulk plant☐ Coal gas manufacturer☐ Deer pit☐ Dry cleaner☐ Electroplater☐ Lagoon☒ Manufacturing Type: Smelter-per EPA☐ Old burn pit☐ Pipeline☐ RCRA generator☐ Salvage yard☐ Service Station☐ Tannery☐ Unknown☐ Other: _____

C. Date of Most Recent Report or Correspondence

03-14-1994

D. Date(s) of Site Operation

No. of Years

☒ Unknown

VI. Waste Information & Geologic Environment

A. Known or Suspected Sources/Wastes. Check all that apply.

☐ Abandoned containers☐ Above ground pipeline or tank☐ Animal carcasses☐ Buried drums☐ Burning of materials☐ Demolition/construction waste☐ Fly ash☐ Foundry sand☐ Industrial accident☐ Known or suspected hazardous materials☐ Municipal waste☐ Paper mill sludge☐ Surface impoundment/lagoons☐ Surface spills☐ Transformer☐ Trees/brush☐ Underground pipeline or tank☐ Exempted fill [NR 500.08(1) and (2)]☐ Unknown☒ Other: lead per EPA

B. Physical Characteristics of Sources/Wastes

☐ Liquid☒ Solid☐ Liquid & Solid☐ Unknown

C. Waste Containment

☐ Engineered cover☐ Maintained☐ Not maintained☐ Functioning & maintained run-off management system☐ Functioning groundwater monitoring system☐ Functioning leachate collection & removal system☐ Liner☐ Unknown☒ Not applicable

D. Soil Type: Estimate distances or determinations based on regional or site specific information.

☐ Regional ☒ Site specific

Clay, silt or other fine grained soils present? (lacustrine, tills, etc.)

☒ Yes ☐ NoAt surface? ☒ Yes ☐ NoAt depth? ☒ Yes ☐ No 15 feetSand & gravel, coarse grained soils present? ☒ Yes ☐ NoAt surface? ☒ Yes ☐ NoAt depth? ☐ Yes ☒ No feet

VI. Waste Information & Geologic Environment, *continued*

E. Depth to Groundwater: ☐ Regional ☒ Site specific 10 feet

F. Direction of Groundwater Flow: ☒ Regional ☐ Site specific E direction

G. Depth to Bedrock: ☒ Regional ☐ Site specific 130 feet

H. Bedrock Type: ☒ Regional ☐ Site specific ☐ Sandstone ☒ Limestone/Dolomite ☐ Metamorphic/Igneous

VII. Receptor Information

A. Documentation of Site Visit

A site visit must be conducted to complete the site screening. If you do not have access to enter the property, the site visit should be conducted from the perimeter of the site with the use of binoculars. The intent of the site visit is to determine general site conditions/on-site activities and adjacent land use encroachment issues.

On-site inspection conducted? ☒ Yes ☐ No

General site conditions: Document any observed releases and note whether you were able to walk the site. Some examples of things to be aware of include leachate seeps, or evidence of seeps such as stained soil/vegetation; stressed vegetation as a sign of gas migration to the surface, or of leachate seeps; quality and coverage of vegetation on the cap; odors which may indicate gas migration to the atmosphere; erosion of the cap; maintenance of positive drainage over the capped area; visual desiccation cracks in the cap. **Record comments on the comment page, Section X.**

Please attach the following to the end of the worksheet: ☒ Photographs, regular or digital (required) ☐ Site sketch (optional)

Name(s) of Person(s) Conducting Site Visit

Date of Site Visit

Gina Keenan

08-31-2004

B. Adjacent Land Uses. Indicate all directions. Check all that apply.

<input type="checkbox"/> Agricultural	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Recreational	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Residential	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Undeveloped	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Commercial	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Other: _____	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW

C. Potential Groundwater Receptors. Estimate distances. (1 mile = 5,280')

Distance to and direction of nearest municipal well: _____ feet ☒ > ½ mile from the waste NW direction

Distance to and direction of nearest other-than-municipal well: _____ feet ☒ > ½ mile from the waste W direction

Distance to and direction of nearest non-community well: _____ feet ☒ > ½ mile from the waste W direction

Distance to and direction of nearest private well: _____ feet ☒ > ½ mile from the waste S direction

Distance to and direction of nearest residence: 500 feet ☐ > ½ mile from the waste S direction

0 No. of homes within 300 feet of waste (gas migration potential)

3 No. of homes between 300 & 1,000 ft to waste (gas migration potential)

Distance to and direction of nearest building: 0 feet ☐ > ½ mile from the waste _____ direction

Type of building: ☒ On-site building ☐ Municipal ☐ Residential ☐ Commercial ☒ Industrial ☐ Unknown

Indicate any other information on attached comment sheet.

D. Potential Surface Water Receptors. Estimate distances.

☐ Creek: _____ feet ☐ Drainage ditch: _____ feet ☐ Intermittent stream: _____ feet

☐ River: _____ feet ☐ Lake: _____ feet ☐ Wetland: _____ feet

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VII. Receptor Information, continued

E. Based on the site visit, did you visually observe...

- | | | | |
|---------------------------------------|------------------------------|--|----------------------------------|
| 1. a release to a surface water body? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 2. a leachate seep? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 3. a release to soils? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Unknown |

F. Any odors of concern?

☐ Yes ☒ No ☐ Unknown

VIII. Database Selection & Screening Decision

A. Is there analytical data for the media of concern?

- | | | | |
|----------------------------|---|--|------------------------------|
| 1. Groundwater: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Soil: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Surface water/sediment: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Air: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

If yes, go to B. If no, go to C

B. Based on analytical data from A, is there a documented release to the environment?

- ☒ Yes: ☒ Groundwater ☒ Soil ☐ Surface water/sediment ☐ Air
☐ No

If yes, the site goes into BRRTS - go to F. If no, go to C.

C. Based on answers to question VII E and F, did you observe a release to surface water, leachate seep, soil or air?

- ☐ Yes - go to F
☐ No - go to D

D. Based on known or suspected sources/wastes, their physical characteristics, containment & geologic environment, do you suspect there has been or will be a release to the environment?

- ☐ Yes: ☐ Groundwater ☐ Soil ☐ Surface water/sediment ☐ Air
☐ No

If yes, go to F. If no, go to E.

E. If there is NOT a likelihood of a release or a visually observed release of concern, does the site fit any of the following archive criteria?

- ☐ Yes
- ☐ 1. No documented waste disposal and no evidence on-site
 - ☐ 2. Documented waste removal and no evidence on-site
 - ☐ 3. Waste type is no longer regulated and is not a threat to public health, safety, welfare or the environment. [See NR500.08(1)&(2)]
 - ☐ 4. Almost no site information and unable to locate site

If yes to any of the criteria, the site is archived - site goes to archive list

☐ No, site does NOT fit archive criteria.

If archive criteria are not met, site goes to SHWIMS - skip F and G

F. Based on proximity to receptors, environmental data or observations, and other relevant factors, is there a need for immediate action? (Is there a known or high potential for an imminent threat to human health?)

- ☐ Yes: Should state/local health departments be contacted? ☐ Yes ☐ No
☒ No

G. Based on known or suspected sources/wastes, their physical characteristics, containment & geologic environment at this site, is initial or further sampling recommended?

- ☐ Yes: ☐ Initial ☐ Groundwater ☐ Soil ☐ Surface water ☐ Air (landfill gas)
☐ Further ☐ Groundwater ☐ Soil ☐ Surface water ☐ Air (landfill gas)
☒ No
☐ Continue current monitoring schedule as per Waste Management Program

IX. Sampling Explanation & Other Work Recommended

A. To document your decision for future project managers/staff, briefly explain the rationale for the overall site decision and sampling recommendation. To facilitate sampling, please include the receptor information including well(s) location/address, owner's name, mailing address, and phone number.

B. If you believe additional work is needed or not needed (addressing leachate problems, exposed waste, inadequate cover, etc.) please indicate on comment page.

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X. Comments

Several former underground storage tanks were investigated at this property. Soil samples were analyzed for lead during the confirmation sampling of that took place after the excavation of contaminated soils associated with these UST's. The lead results of these samples were relatively low for an industrial property, ranging in concentration from 16.7 to 29.4 parts per million. Based on these results, there is not an indication that lead is an contamination issue at this site.

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XI. CERCLIS Screening Decision

- ☐ Site is in CERCLIS
- ☐ Site is in CERCLIS as NFRAP (no further remedial action planned)
- ☒ DO NOT add to CERCLIS -- see attached EPA Checklist
- ☐ Add site to CERCLIS* -- see attached EPA Checklist
DNR Regional Office recommends that a Superfund Preliminary Assessment/Site Investigation be conducted by the Region, with potential for a Hazard Ranking Score and inclusion on the NPL

Signature of Team Supervisor

Date

*Only sites that are being added to CERCLIS require the signature of the RR Team Supervisor.

XII. BRRTS, SHWIMS, & Archive Information**Note:** All sites, except archived sites, must be in SHWIMS or added to SHWIMS to be tracked as a waste disposal area.**SHWIMS:**

- ☐ Site is in SHWIMS
- ☐ Update information in SHWIMS, attach printout with changes highlighted
- ☐ Add site to SHWIMS (if VIII E is no)

BRRTS:

- ☒ Site is in BRRTS
- ☐ Update information in BRRTS, attach activity detail report with changes highlighted
- ☐ Add site to BRRTS, follow regional procedure (If VIII B is yes)

Archive:

- ☐ Archive site (If VIII E is yes)

Print Name of Screener

Date

Gina Keenan

08-31-2004

Signature of Screener

Date

Name of File Reviewer, if different than screener

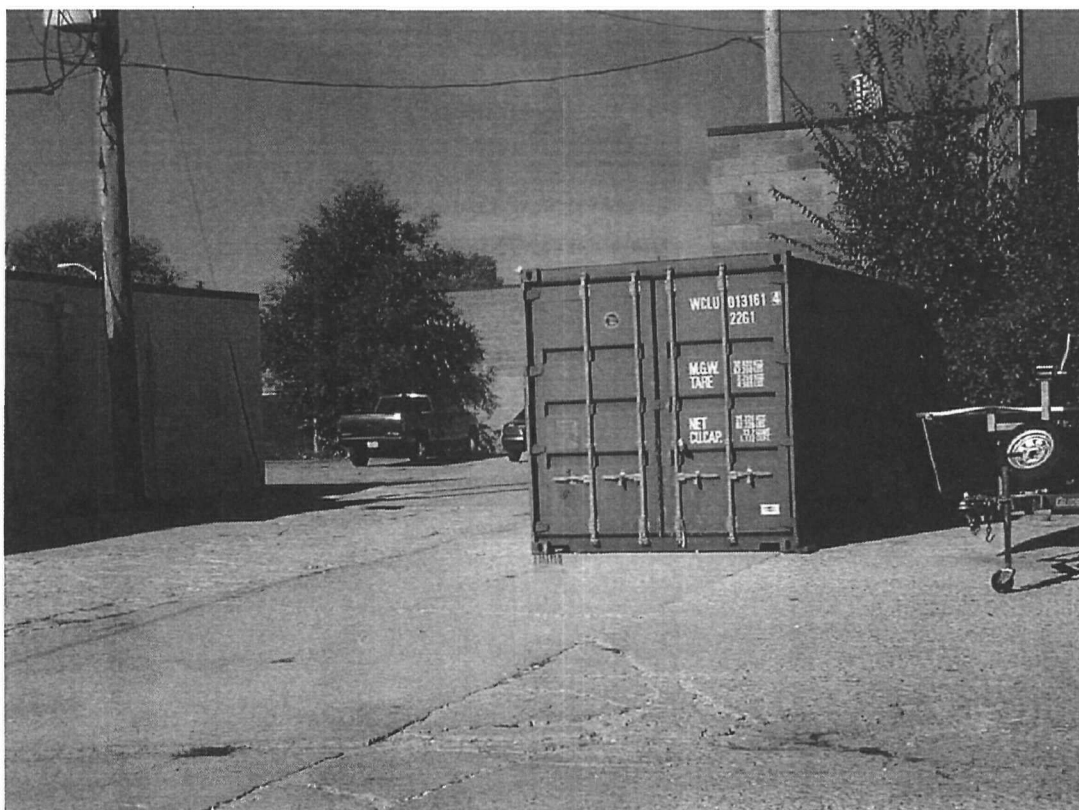
8-31-2004



CRC-Wasco site
5110-5116 West Lincoln Avenue
August 31, 2004
View of site looking north from Lincoln Avenue

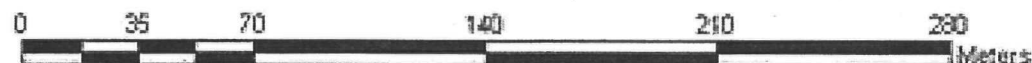
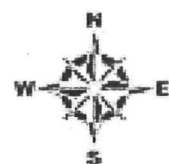
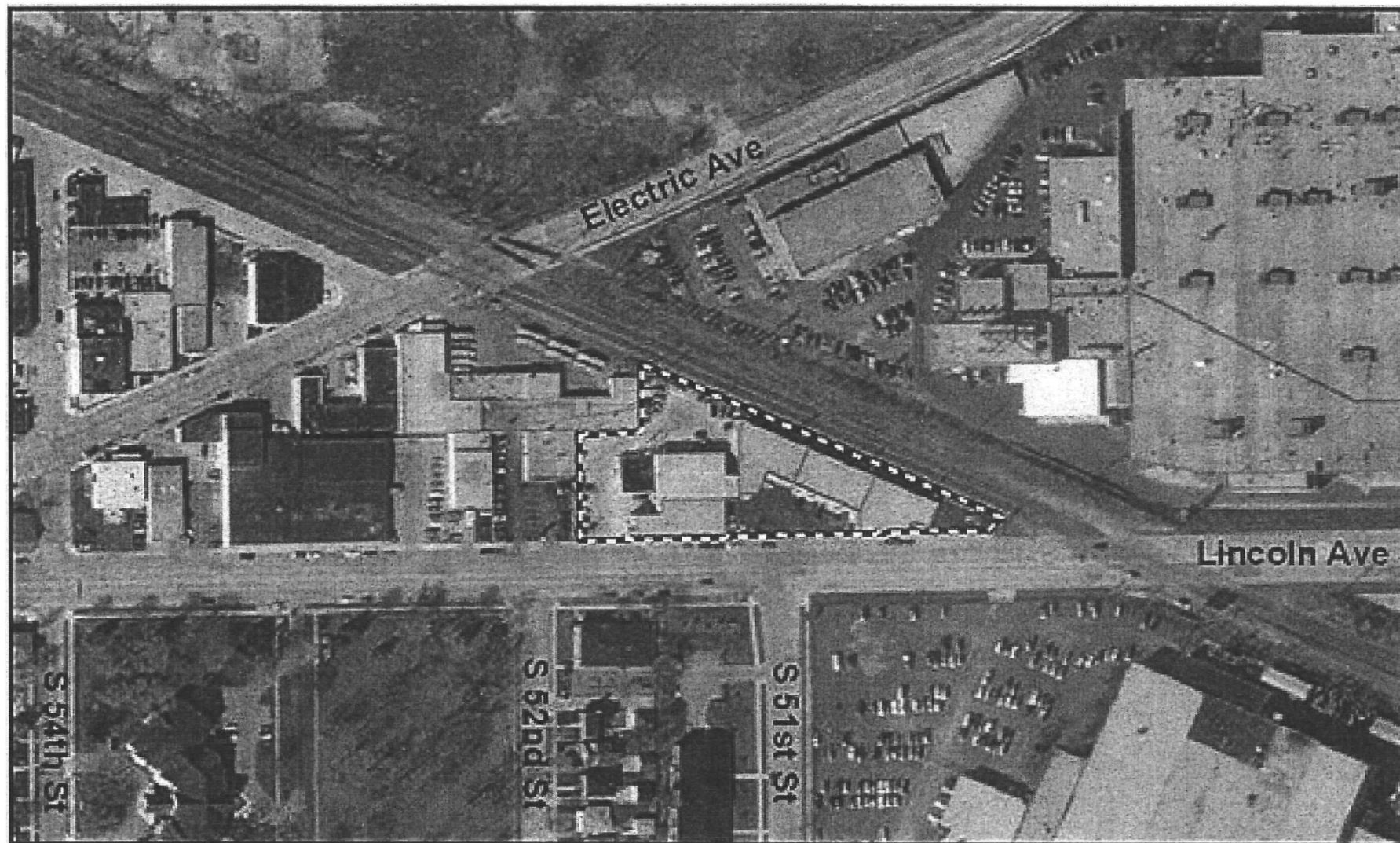


CRC-Wasco Site
5110-5116 West Lincoln Avenue
August 31, 2004
View of site looking north from Lincoln Avenue



CRC-Wasco site
5110-5116 West Lincoln Avenue
August 31, 2004
View of northern area of the site looking west.

CRC-WASCO (f.k.a. Allied Smelting Corp.)
5116 W Lincoln Ave, West Allis, WI



Legend

--- Property Boundary